

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022518
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1789

FILED JUN 17 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		c. CITY OR TOWN Lemay	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nazareth Convent		d. STREET ADDRESS (If outside, give location) 2 Nazareth Lane	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Sister Margaret Clare Cashin		4. DATE OF DEATH Month June Day 4 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-9-78
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Teacher Retired		10b. KIND OF BUSINESS OR INDUSTRY Parochial Schools	11. BIRTHPLACE (City and state or country) Assumption, Ill.
13a. FATHER'S NAME William Cashin		13b. MOTHER'S MAIDEN NAME Catherine Bradley	14. NAME OF HUSBAND OR WIFE Sister Silvera
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> No, <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service)		17. INFORMANT Address 2 Nazareth Lane 29	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompenstation DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 1961 to death COUNTY _____ STATE _____
21. I attended the deceased from _____ 3 A.M. _____ and last saw her/him alive on _____ 5/20/63- Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John G. Fillett (Degree or title)		22b. ADDRESS 2314 Telegraph	22c. DATE SIGNED 6/4/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-5-63	23c. NAME OF CEMETERY OR CREMATORY Nazareth Cemetery	23d. LOCATION (City, town, or county) (State) 2 Nazareth Lane Lemay, Mo.
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries 7814 S. Broadway		25. DATE RECD. BY LOCAL REG. 6-4-63	26. REGISTRAR'S SIGNATURE John C. Murphy, Reg.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 **4000**

2 **4000**

3

4 **1**

5 **0**

6

7 **1**

8 **2**

9 **4500**

10

11

12 **86-0**

13

STATE OF MISSOURI
DEPARTMENT OF HEALTH

See Jane McCall
10-1-4
Q-28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John L. Denney

Licensed Embalmer No. 4194

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

MISSOURI DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
ST. LOUIS, MISSOURI